



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 28-0917  
DATE PAID: 11-8-22  
FEE PAID: 100.00  
RECEIPT #: 1910557

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Claudio Veras

AGENT: TREEA Foster

TELEPHONE: 386-590-4207

MAILING ADDRESS: 10314 US Hwy 90E. Live Oak, FL 32060  
treea.foster@yahoo.com

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 25 BLOCK: \_\_\_\_\_ SUBDIVISION: Joy Acres PLATTED: \_\_\_\_\_

PROPERTY ID #: 29-55-17-09451-026 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 456 SW Sheni Circle Lake City, FL

DIRECTIONS TO PROPERTY: 41 S to Tustnuggge make R go 8.3 miles  
turn L onto City Rd 349 go 1/2 mile turn L onto  
SW Sheni Circle turn R stay R on Sheni Circle  
0.3 miles on

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

1 Mobile Home 2 1264 \_\_\_\_\_

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]

DATE: 11/7/22



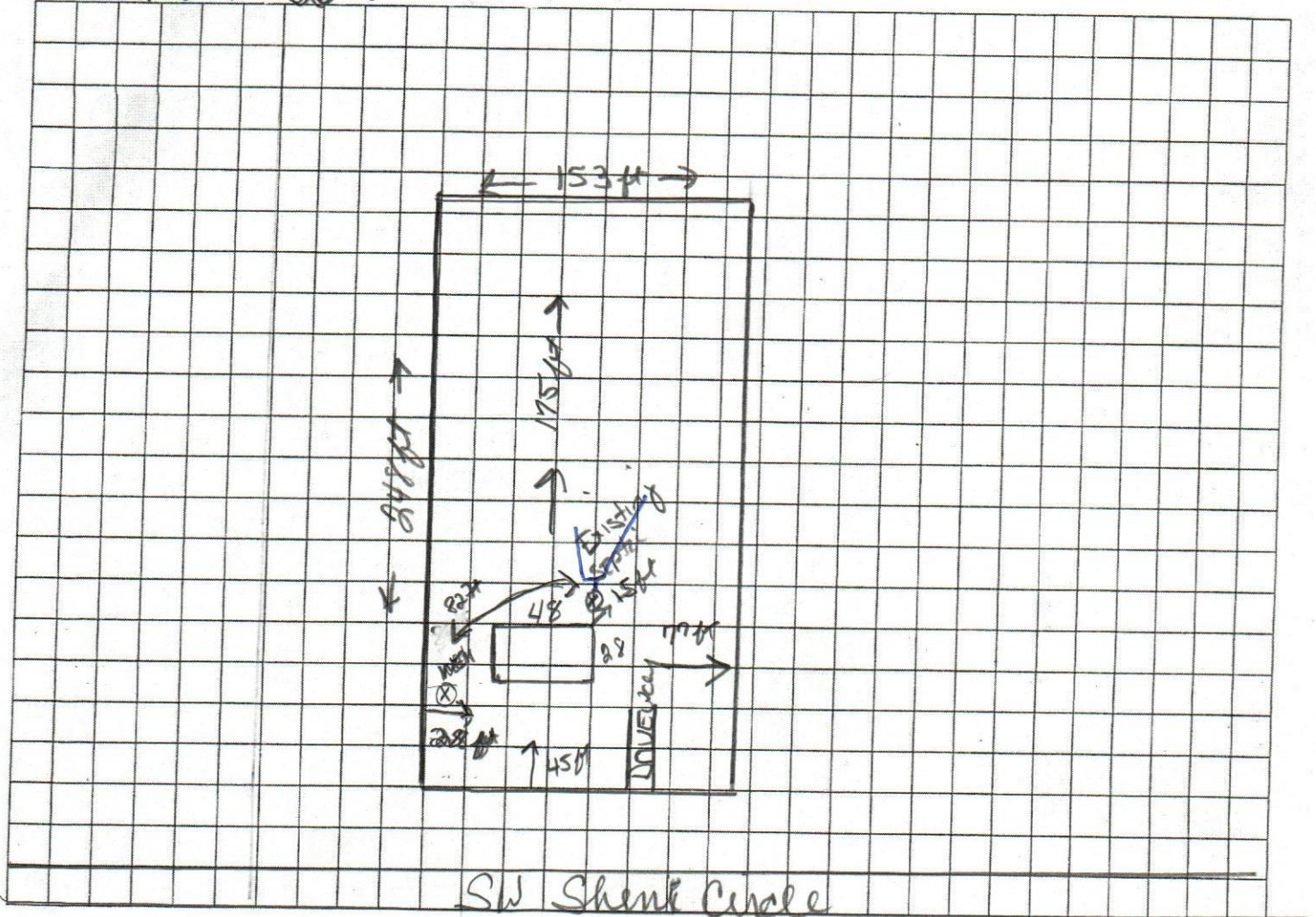


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0917

----- PART II - SITEPLAN -----

Scale: 1-Block = 20 ft



Notes: \_\_\_\_\_

Site Plan submitted by: [Signature]  
Plan Approved ☒ Signature \_\_\_\_\_ Not Approved \_\_\_\_\_  
By [Signature] Date 11/16/22 Title \_\_\_\_\_  
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT